



**BARBARA K. CEGAVSKE**  
Secretary of State  
Elections Division  
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Office of the  
Secretary of State

*Barbara Cegavske*

Barbara Cegavske  
Elections Division

**State of Nevada**  
**Committee for Political Action**  
**(PAC)**  
**Registration Form**  
Page 1

JStokes

1/13/2016

#2330

ABOVE SPACE IS FOR OFFICE USE ONLY

<input type="checkbox"/> New Registration	<input type="checkbox"/> PAC (Advocating Passage or Defeat of a Ballot Question)
<input checked="" type="checkbox"/> Annual (Due on or before January 15th of <u>each</u> year; NRS 294A.230(4)(b))	
<input type="checkbox"/> Amended Registration: check all that apply	<input type="checkbox"/> Change Officers <input type="checkbox"/> Change Registered Agent <input checked="" type="checkbox"/> Change Address
<input type="checkbox"/> Change Name	<input type="checkbox"/> Change Address
Previous Name of PAC	
<input type="checkbox"/> Other:	

Name of Committee:

ATKINSON LEADERSHIP PAC

Telephone:

Mailing Address:

4165 FUSELIER DRIVE

NORTH LAS VEGAS

NV

89032

Street Name, Number

City

State

Zip Code

PAC Active Email Address: KELVIN@ATKINSON4NEVADA.COM

**PURPOSE:** Briefly state the purpose for which the PAC was organized.

To support political candidates and causes.

**REGISTERED AGENT:** pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

KELVIN D. ATKINSON

Telephone:

702-457-9995

Physical Address:

4165 FUSELIER DRIVE

NORTH LAS VEGAS

NV

89032

Street Name, Number

City

State

Zip Code

**REGISTERED AGENT ACCEPTANCE:** I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

*X* *Kelvin D. Atkinson*

Signature of Registered Agent

Date:

1-13-2016



From: unknown Page: 2/2  
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State of Nevada  
**Committee for Political Action  
(PAC)**  
**Registration Form**  
Page 2

**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code
Officer Name and Title:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code
Officer Name and Title:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code
Officer Name and Title:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code

**AFFILIATIONS:** If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code
Name of Organization:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code
Name of Organization:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code

**SUBMITTED BY:**

X

Signature of Representative of Group

Printed Name:

KELVIN D. ATKINSON

Date:

1-13-2016

Telephone:

702-457-9995